

FP-331  
Year 201\_\_\_\_\_

**CLAIM FOR REFUND**  
SALES AND USE TAX

NAME OF TAXPAYER

TRADE NAME

☐ FEDERAL EMPLOYER IDENTIFICATION NO. ☐ SSN

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE #

FAX #

**NOTE: FOR TAX PAID ON MORE THAN ONE RETURN, LIST EACH ON A SEPARATE LINE**

PERIOD ENDED	TOTAL TAX PAID	DATE OF PAYMENT	AMOUNT OF REFUND CLAIMED	EXPLANATION OF OVERPAYMENT
	\$	←TOTAL→	\$	(FOR ADDITIONAL SPACE, USE OTHER SIDE)

Under penalties of law the duly authorized applicant(s) do solemnly swear or affirm that the foregoing statements are correct to the best of my (our) knowledge.

AUTHORIZED SIGNATURE

TITLE

DATE

OFFICIAL USE

	INITIAL	DATE	AMOUNT
APPROVED			
DENIED			

## **FP-331 Instructions**

### **Sales and Use Tax**

Section 47-2020(a) of the DC Sales Tax Act allows a refund of tax erroneously or illegally collected if a claim is filed within **three years** from the date you paid the tax. If the tax has been collected from the customer, it must be refunded by the seller to the customer in cash or credit before the vendor can apply for a refund.

Attach your evidence to support the claim for refund. Include copies of original invoices, Certificates of Resale (OTR-368), Qualified High Technology Company Exempt Purchase Certificates (FP-337), tax exemption numbers of semipublic institutions, credit memos for returned sales or taxes refunded to customers and any other related documents.

Mail the claim to:

Office of Tax and Revenue  
Audit Division  
PO Box 556  
Washington, DC 20044-0556

Questions? Call us at (202) 727-4829.